

# **Care assistant experiences of dementia care in long-term nursing and residential care environments**

Rebecca Talbot and Gayle Brewer

Care assistants have a unique insight into the lives of service users and those factors which may impede or enhance the delivery of high quality dementia oriented care. To address the paucity of research in this area, the present study examined care assistant experiences of dementia care in British long-term residential and nursing environments. Semi-structured interviews were conducted with eight care assistants and transcripts were analysed using Interpretive Phenomenological Analysis. Super-ordinate themes emerging from the data were psychological wellbeing of the care assistant, barriers to effective dementia care, the dementia reality, and organisational issues within the care environment. The study revealed important deficiencies in understanding and varying levels of dementia training. Whilst person centred strategies were being implemented, task orientated care remained dominant. Furthermore, care assistants reported taking the perspectives of those with dementia into account, and actively using these to develop relationship centred care.

## **Keywords**

Care assistants, dementia, Interpretive Phenomenological Analysis, relationships, residential care

## **Introduction**

Approximately 80% of care home residents have a form of dementia or severe cognitive impairment (Alzheimer's Society, 2014) and the number of people requiring dementia appropriate long-term care is predicted to intensify further, as a consequence of increased life expectancy and dementia diagnoses (Alzheimer's Society, 2014; Office for National Statistics, 2013). Hence, the need to provide high quality residential care to those with dementia is of critical importance. Residential and nursing care homes constitute a unique healthcare environment, in part reflecting the average length of residency and the formation of meaningful relationships between the patient and formal caregiver (McGilton, Boscart, Brown, & Bowers, 2014). Though care assistants have a unique insight into the lives of service users and those factors which may impede or enhance the delivery of high quality care, few studies have considered the issues that care assistants believe to be important in the dementia care environment or the challenges faced by those providing care (Smebye & Kirkevold, 2013). Therefore, the present study seeks to understand care assistant experiences of dementia provision, with particular emphasis on the challenges experienced by care assistants, their understanding of dementia and the manner in which the caring role impacts on their own wellbeing.

Service users with dementia present specific challenges to care assistants and extrapolation of research findings from those caring for non-dementia service users is not appropriate. For example, employees working with dementia service users are often not adequately trained to deliver specialised care (Ballard, et al., 2001; Jeon, et al., 2012) despite the National Dementia Strategy (DOH, 2009) recommendation that care staff should be trained to respond appropriately to dementia related behaviour and NICE guidelines (2007) advising that all care staff should receive basic dementia training and have access to specialist services for further advice and counselling. Indeed, a range of studies have documented the

positive outcomes associated with interventions targeted at care assistants (e.g. Coleman & Medvene, 2012; Chenoweth, et al., 2009; Featherstone, James, Powell, Milne, & Maddison 2004; Kuske, et al., 2007; Spector, Orrell, & Goyder, 2013) and the improved care assistant wellbeing and satisfaction associated with post training support (Chenoweth, Jeon, Merlyn, & Brodaty, 2010; Zimmerman, et al., 2005). Thus preparedness for the role is an, important issue for dementia care.

Previous research highlights a range of practical issues such as a lack of time or resources (particularly inadequate support from management and inconsistent staffing levels), the physical environment, communication between staff, and labelling of residents, which care providers consider to be barriers to quality care (Deutschman, 2000; Edberg, Bird, Richards, Woods, Keeley, & Davis-Quarrell, 2008; Lee, Chaudhury, & Hung, 2014). Role conflict may also impact on care provision. For example, care assistants often feel misunderstood in their role and report that familial expectations of care differ from the care that can be provided in the time available (Abrahamson, Sutor, & Pillemer, 2009; Gaugler, 2005; Levine & Zuckerman, 2000). Thus, interactions with relatives and subsequent feelings of inadequacy may negatively impact on the care assistant experience (Ericson-Lidman, Larsson, & Norberg, 2014). Exacerbating these challenges, the concept of quality care and the manner in which it is evaluated varies. Organisational pressures (e.g. the focus on specific task based performance targets) influence the manner in which quality care is conceptualised and evaluated. Thus, it has been reported that care assistants do not consider the need for individualised care to be a quality indicator (Deutschman, 2000). Similarly, nursing staff often define care quality in terms of legislative frameworks such as the Mental Capacity Act (2005) and task performance (Borbasi, Jones, Lockwood, & Emden, 2006; Bostick, Rantz, Flesner, & Riggs, 2006; van Beek & Gerritsen, 2010). This is in direct contradiction to service user definitions of care quality which prioritise opportunities to develop relationships

with care assistants and assistant identification of service user needs from verbal and non-verbal cues (Bowers, Fibich, & Jacobson, 2001) and the notion that the relationship between a care assistant and resident is a central feature of quality care (Bowers, Esmond, & Jacobson, 2000).

Whilst often rewarding, providing care to those with dementia can also be unpleasant (Ericson-Lidman, Larsson, & Norberg, 2014). In particular, the role can be both physically and emotionally draining (Colomer & de Vries, 2014; de Witt & Ploeg, 2014; Morgan, Semchuk, Stewart, & D'Arcy, 2002). Previous research has documented the risk of burnout, characterised by emotional exhaustion, depersonalisation, and lack of personal accomplishment (Maslach, Schaufeli, & Leiter, 2001), amongst those working in care environments. In the specific context of dementia care, the behavioural demands of dementia, conflicting demands of the service user and organisation, and minimal time to implement individualised care contribute to emotional exhaustion, depersonalisation and a lack of personal accomplishment respectively (Abrahamson, et al., 2009; Almost, 2006; Brotheridge & Grandey, 2002; Cohen-Mansfield, 2004). A lack of autonomy and task oriented environment also increase the likelihood of care assistant burnout and depersonalisation (Jeon, et al., 2012; McGilton, et al., 2014; Schmidt, Dichter, Bartholomeyczik, & Hasselhorn, 2014; Schrijnemaekers, et al., 2003). The impact of burnout extends beyond the individual care assistant to the relationship between the care assistant and service user. This relationship has a substantial impact upon the quality of care provided (Bowers, et al., 2000; Finnema, et al., 2005). Despite this, few studies have investigated relationships between care assistants and service users living in long-term care, with existing dementia care research typically focuses on nurses in assisted living and acute settings (Berg, Hallberg, & Norberg, 1998; Wang, Hsieh, & Wang 2013; Watts, & Davis, 2014) or informal caregivers (Blackstock, Innes, Cox, Smith, & Mason, 2006; Qazi, Spector, & Orrell, 2010).

This study aims to provide an in depth phenomenological understanding of the experience of staff caring for service users with dementia in long-term residential and nursing care environments. Interviews were conducted with care assistants in order to facilitate an exploration of care assistant experiences and perspectives. The approach has previously provided information about quality of care in healthcare services (Kitzinger, 1995; Say & Thomson, 2003; Smebye & Kirkevold, 2013) and it is intended that the present study may offer beneficial insights into the experience of dementia care and assist the development of interventions to help care assistants provide quality care to those with dementia.

## **Method**

### **Participants**

Eight care assistants (one male and seven female) employed at British residential and nursing care homes were recruited via purposive and snowball sampling. Participants were aged 21 to 42 years and length of current employment ranged from 18 months to five years. All participants were trained to at least NVQ level two in healthcare or possessed an equivalent healthcare related qualification. Participants had at least six months experience working with dementia service users in residential or nursing care environments and were required to have knowledge of service users, their individual care plans and capacity assessments. At the time of the study, participants worked at least 18 hours per week with service users living with dementia. A range of shift patterns were reported and three participants disclosed experience of dementia prior to their care assistant role i.e. a family member diagnosed with dementia. Participant characteristics (e.g. age and current job title) are shown in Table 1.

### **Interview Procedure**

The study was undertaken using Interpretive Phenomenological Analysis (Smith & Osborn, 2003), which considers how individuals make sense of their personal and social

world, and what meanings these experiences have for the individual. Hence, the researcher was a dynamic partner in the research process, through interpretive practice. Semi structured interviews lasting 20-30 minutes were conducted either via telephone or face to face (on university premises). Using guidelines proposed by Smith, Flowers and Larkin (2009), initial questions such as “*Can you describe to me what first made you want to work as a carer?*” were employed to establish a rapport with the participant. Interview schedules were organised into the following sections: general information and reasons for becoming a care assistant; the caring role; the care environment; daily care of dementia service users and time management. Questions were modified as appropriate for each participant to allow the development of complex and sensitive issues. Ethical approval was obtained from the host institution and the study was conducted in accordance with appropriate (e.g. Declaration of Helsinki) ethical guidelines. Pseudonyms are employed throughout to preserve participant anonymity. In order to maintain rigour and cohesion throughout the study, appropriate principles (Braun & Clarke, 2013; Smith & Osborn, 2003; Sullivan, Gibson, & Riley, 2012) were used as a guide for systematically ensuring procedures were adhered to throughout data collection and analytic process.

### **Data Analysis**

The analysis, involved a double hermeneutic process, whereby the researcher tried to understand the individuals’ sense making of the lived experience (Braun & Clarke, 2013; Smith, et al., 2009). The researcher actively engaged in an interpretive relationship with each transcript (Smith & Osborn, 2003). Initial familiarisation with the data began during the transcription stage, followed by a reading and re-reading of each transcript, whilst annotations were made to highlight items that were potentially interesting or significant. The next stage of analysis required complete coding of each transcript, whilst the researcher identified information that could potentially address the original research question (Braun &

Clarke, 2013). Each dataset was analysed and exploratory comments were divided into three sections: linguistic comments, which focused on the language participants used and the way they used it to communicate their experiences; conceptual comments which stay with the participants' experience but are interpreted from the researcher's perspective; and descriptive comments, which focus on the lived environment and meanings of the participants. Emergent themes from the data were listed and checked with the transcript to ensure the connections noted have relevance to the original transcript, and were then cross checked with the exploratory comments initially noted. The verification process included detailed discussions between the first (interviewer) and second authors, during which the appropriateness of each theme and subtheme was established.

## **Results**

Four superordinate themes emerged from the data analysis. These were psychological wellbeing of the care assistant, barriers to effective dementia care, the dementia reality, and organisational issues within the care environment.

### **Psychological Wellbeing of the Care Assistant**

The psychological wellbeing of the care assistant theme included three subthemes: burnout; self-worth and identity; and role conflict.

#### ***Burnout***

Participants frequently emphasised the extent to which the care assistant role is physically and emotionally demanding. However, highlighting the extent to which the service user is central to the caring role, the care assistant-service user relationship was the primary motivation for remaining in such a physically and emotionally challenging role. Additional research is required to investigate whether the care assistant-service user relationship is protective (e.g. providing meaning to the role) or exacerbates the stress experienced (e.g. encourages the care assistant to remain in a demanding role).

*“It does drain you” (Emily)*

*“It will work me into the ground doing it” (Claire)*

*“There’s nights when I go in and there’s two [care staff] on and you think ‘I can’t do this anymore, I literally can’t do this anymore’, but then you see one of their [the service user] faces and it’s like, here we go, let’s just crack on” (Claire).*

*“I care too much for them really...It’s hard” (Kelly)*

Participants often tried to shield service users from their physical and emotional fatigue, which increased the emotional labour expended and the likelihood of burnout. However, despite their attempts to protect service users, participants did acknowledge the impact that their exhaustion had on their ability to fulfil the caring role and on their personal life.

*“I’m a happy bubbly person in front of the service users... It doesn’t matter how tired I am, how grumpy I am, I will still continue to do that” (Emily)*

*“Being able to keep your emotions in check cause some of the things, obviously, we deal with and we see are quite difficult” (Anne)*

*“Because I am tired and stressed I have to walk away and take some time...let somebody else take over that role...I think that’s where it affects the service users” (Emily)*

*“Because you are too tired, you physically cannot manage” (Claire)*

*“When I get home it kind of hits me” (Kelly)*

Though the participants clearly regarded the role as stressful, there was widespread acceptance of this aspect of the caring role and participants focused on the manner in which they could cope with the stress rather than ways to reduce the stress at a more fundamental level.

*“I don’t really know that there is anything that could be done to relieve the stress because I just think that is part of the job...I just accept that it happens from time to time” (Justine)*



*“Stress, I think it’s just part of the job really” (Kelly)*

*“You just walk away” (Diane)*

*“I let a lot of things go over my head. I’ve got to” (Helen)*

### ***Self-Worth and Identity***

All participants reported that their experience with dementia service users was overwhelmingly positive and gave them purpose. Indeed, their identity as a care assistant was shaped by relationships with residents. Similarly, the relationships between residents and care staff appeared to reinforce the reasons why participants endured their role as a care assistant.

*“At the end of the day, as long as they are smiling then I’m happy” (Bill)*

*“I think it’s the best job I’ve ever had, I get a lot out of it.... I always come home thinking I’ve done a really good job and that I am doing something quite positive for people” (Justine)*

*“I like it for the residents. That’s the only reason why I have stuck in the job for so far that I have” (Kelly)*

Clearly, the role is more than ‘just a job’ and motivation to continue work as a care assistant is associated with attachment to the service user. In particular, each participant described the residents as their ‘only reason’ to remain as a care assistant, which suggests that care staff find it hard to achieve self-worth through other aspects of the role. Reinforcing the notion that care assistants mostly define their experience of self-worth and identity through relationships with service users (or service user families), participants reported little recognition from senior management and negative reactions from the general public.

*“They don’t come in and go “you’ve done a really good job today”, there’s nothing positive” (Helen)*

*“People’s responses to you can be quite negative “Oh you are just a carer”. I’ve gone home and thought “why do I do this?” (Anne)*

## ***Role Conflict***

Participants identified substantial conflict within the role. In particular, the extent to which routine tasks (such as paperwork) reduced their ability to spend time with and care for residents.

*“All they do, they come up and go “this paperwork needs doing”. Well my job isn’t paperwork, I’m a carer”* (Helen)

*“It’s trying to be person centred but it’s not always possible”* (Kelly)

*“I thought initially that when I got into this job that’s what it would be about and it’s not. It’s about feeding them, keeping them clean, comfortable, and dry, it’s not about fulfilling their needs as companionship and things like that”* (Claire)

Some comments also indicated that one aspect of the role impacted on another, highlighting the demanding and complex nature of care provision. This form of conflict was particularly evident for those in senior roles, illustrating the conflicting expectations of her care staff and senior management. Her sense making of herself within the social structure of the care environment appears to be lost as she struggles to meet the demands of others, adding to feelings of powerlessness and depersonalisation. Furthermore, care assistants reported that relationships with service users transcend normal expectations of the caring role and this created work-family conflict.

*“I am too tired to be able to handle medication right now”* (Emily)

*“I haven’t seen the kids all day...I will probably go and sit in my room and keep away from people until I have wound down”* (Kelly)

## **Barriers to Effective Dementia Care**

The barriers to effective dementia care theme contained three subthemes: time; understanding; and staff-training.

## ***Time***

Time was a dominant theme in each interview and despite the need for individualised care in the dementia environment many participants still felt that the daily routine of care left little time for them to actively spend with dementia service users. Hence, each care assistant commented that they felt under pressure to complete tasks and employed practical strategies (e.g. not taking a designated break) in order to complete their workload.

*“And this is why sometimes we don’t leave the unit to take breaks” (Claire)*

*“They don’t mind me coming in early because it means that the job is getting done, that they don’t have time to do...I don’t have time to do in my normal shift” (Emily)*

The time pressured nature of the role was believed to be largely a reflection of staff shortages. Care assistants did not expect the situation to improve but felt that this impacted on their ability to deliver appropriate individual care.

*“There’s always going to be an issue with staff” (Anne)*

*“A lady said to me the other night, she said “Oh sit with me for five minutes” and you know, she’s a lovely lady, and I said “If I sit with you then they will have me out of the door”. It’s about feeding people, keeping them clean, comfortable, dry, it’s not about fulfilling their needs as companionship and things like that” (Claire)*

In contrast, a minority of care assistants reported that there was time in the day to spend with residents, but the quality of the interactions was often poor

*“A lot of people bring their home life into the job and they are sat next to residents while they are doing it and talking to other carers... and not actually sitting and talking to the resident and making their time with us as positive as possible. You don’t want to be sat there being ignored while your carer is bitching and whingeing about something and nothing” (Helen)*

*“A lot of them sleep; a lot of them don’t interact, so the later stages of dementia then, you know we do get time” (Diane).*

The tendency for a minority of care assistants to employ task oriented care (to the neglect of person centred care) was also noted. This account challenges the assumption that care staff prefer to spend time with their dementia service users, and some care staff may prefer to adopt task orientated procedure over interaction.

### ***Understanding***

Participants felt that a weak understanding of dementia led to inadequate caregiving. This lack of understanding often manifested in a fear of service users or surface level approaches to dementia care.

*“I think from observing what carers do its fear, fear because they don’t know what is going to happen next” (Anne)*

*“I have heard other carers say “God they are kicking off again” ...There is a reason why people are reacting...You need to find out what that reason is and find out what the best way of resolving it” (Anne)*

Furthermore, there was clear contempt for care staff behaving inappropriately towards service users or failing to meet service user needs, even if this was the consequences a lack of understanding.

*“What do you say to an eighty year old woman who is asking where her mum is? I’ve heard some of them say “Oh don’t be silly, you’re eighty odd, how old do you think your mum is? Your mum is dead”. You can’t say things like that to somebody, but they don’t understand why” (Anne)*

*“I think some staff members think it’s alright to plonk the residents down in front of the TV... even just sitting and having a conversation and asking them when their favourite holiday was is improving their quality of life because they feel they are having somebody to*

*talk to rather than wandering around aimlessly or sat plonked in front of a TV watching the same musical they have seen umpteen times in their life” (Emily)*

### ***Staff Training***

Care staff training and experience varied though there was a general desire for dementia specific training. Lack of experience was cited as one of the reasons the participants felt that newer members of staff in particular were likely to provide ineffective care to dementia service users, or leave the caring role. It appeared that the onus on existing care staff to provide training or mentoring in the care role did not significantly affect the carers, but they had high expectations of the new staff to learn the job quickly and show initiative when working in the dementia care environment.

*“You know, it’s alright to turn around and say “Well, have you done your moving and handling?”, but you know nothing about the illness. I think they [care staff] should be taught more about the illness before they take the role on” (Claire)*

*“How can you possibly deal with situations if you have not been shown how to?” (Anne)*

However, participants also suggested that dementia training could not be delivered through merely theoretical discussion and that training which attempted to provide an overview of dementia care could undermine the need for individualised person centred care.

*“I think that when you are working with people with dementia you understand a lot more. You learn more dealing face to face then going in to a room, cause you are dealing with dementia, especially dementia nursing” (Bill)*

*“I don’t think a one day training course...you can’t make somebody understand the ins and outs of dementia” (Anne)*

*“It gives you an insight into dementia...but then every person is different” (Diane)*

## **The Dementia Reality**

Conceptualisations of service user vulnerability, due to dementia, were influenced by participants' personal experience of the care environment. Participants were vigilant to the emotional states of the service users, and discussed how the mood of the service user could affect the outcome of care. Accounts demonstrated the way in which care assistants comprehend the experience of those with dementia and actively seek to meet the needs of the dementia reality.

*“It is a very close bond that you form with them. I have service users that constantly tell me that they love me, and they want to follow me around. You need to be receptive to that as a carer, you need to give them something back in an appropriate manner, give them back that friendship they are trying to express”* (Emily)

All participants expressed positive regard for their service users when they displayed positive behaviours. Comments highlighted the empathy, understanding, and positivity carers felt for their service users. This depth of feeling experienced could be difficult, but served as a protective mechanism for the care staff, allowing them to focus on the person rather than the condition and work effectively with dementia service users. This particularly helped when dealing with the challenging behaviours, though care assistants displayed a range of responses to challenging behaviour.

*“It felt like you was watching your child in a school play and you were smiling because they were doing really well”* (Diane)

*“What we see on a day to day basis is quite heart-breaking”* (Anne)

*“It's very hard watching someone else be so emotional...sharing their emotions”* (Emily)

Participants revealed a sense of mindfulness about the dementia condition. Considerations of the service users' independence, whilst living with dementia, were apparent and the care assistants expressed a desire to make sure each person is allowed to do

what they wish; to live without the stigma of the dementia condition. This is demonstrated when the care assistants talk about investing in the person, and not the condition itself. For example, talking about ‘dealing with the dementia’ and frequently disassociating the dementia from the people for whom they care.

*“You have got to try and work around them, and how their dementia is. They are people”*

(Bill)

### **Organisational Issues**

Comments relating to the organisational culture were overwhelmingly negative. For example, a number of participants commented on the need for additional staff members and there was a general agreement that the organisation is satisfied with fewer staff than is actually required. The sense of inevitability expressed by participants suggests an element of acceptance about working conditions in the care environment. However, this led to multiple frustrations and despair. In part, care assistants attributed inadequate staffing to a poor understanding of the caring role.

*“There’s always going to be an issue with staff. The CQC say that you only need so many staff per resident and that’s something that we get thrown at us by management all the time”*

(Anne).

*“There’s nights when I go in and there’s two on and you think “I can’t do this anymore, I literally can’t do this anymore”* (Claire)

*“I don’t think they take it on board then how much you have got to do”* (Claire)

*“Come and do a shift with us, work alongside us and see what we have to do in the day”*

(Helen)

Participants also commented on communication with senior members of staff. Communication was typically characterised by a reluctance to appreciate care assistant

expertise, negative feedback and a lack of recognition. Thus, there was a widespread feeling of disharmony.

*“They need to listen to carers more, because we know more about the residents than they do because we are hands on with them”* (Kelly)

*“They’ll bob their head up, make you feel like shit and leave. You’ve not had the chance to do something and that’s the first thing they’ll pick up on”* (Helen)

*“They don’t come in and go “you’ve done a really good job today”, there’s nothing positive”* (Helen)

## **Discussion**

The current study used a phenomenological approach to explore the experiences of care assistants who work with dementia service users in long-term nursing and residential care environments. Four themes emerged: psychological wellbeing of the care assistant; barriers to effective dementia care; the dementia reality; and organisational issues within the care environment. With regards to psychological wellbeing, care staff reported exhaustion and emotional detachment characteristic of burnout (Maslach, et al., 2001) and acknowledged the influence of this on the quality of dementia care provided. This is consistent with research indicating that care provider stress is associated with lower quality care (von Dras, Flittner, Malore, & Pouliot, 2009), poor interactions with residents (Jenkins & Allen, 1998) and resident behaviour (Brodaty, Draper, & Low, 2003). Acceptance of workplace stressors decreases vulnerability to burnout; therefore acknowledgement by care assistants may be viewed as a method of self-preservation (Garrosa, Rainho, Moreno-Jimenez, & Monteiro, 2010). The clear and decisive manner in which care assistants articulated their position and the use of emotional regulation, suggests that employees have an intrinsic awareness of themselves and the role they play in the dementia care relationship. Care assistants attempted to focus on and enhance positive aspects of the dementia care environment by forming bonds



with service users and intentions to leave the care environment were reconciled by close relationships formed with residents, consistent with nurses' perceptions of the care experience (McGilton, et al., 2014).

A lack of organisational support was identified, which previous research suggests influences the emotional relationship employees have with their work (Maslach, et al., 2001). Specifically, the sense of being undermined as a care assistant by senior staff determined how care staff perceived their overall self-worth in the care environment. Carpentiers' (2011) case study of carer identity in formal and informal care produced similar findings, citing role opposition and misunderstandings between staff as a precursor to increased role conflict. If organisational issues decrease self-worth, there is a likelihood that role conflicts will arise, increasing the likelihood of poor care assistant and service user wellbeing (Garrosa, et al., 2010; Zapf, Seifert, Schmutte, Mertini, & Holz, 2007). Therefore, actively involving care staff in making decisions about the dementia care environment may promote effective communication between care staff and increase the likelihood of positive self-identification in the caring role (van Beek & Gerritsen, 2010). Future interventions may consider the impact of greater care assistant involvement at this level.

Participants reported that time constraints were a barrier to effective delivery of person centred care. This increases the likelihood of routine, task orientated care dominating the dementia care environment, which may contribute to depersonalisation and service user dissatisfaction (Hung & Chaudhury, 2011). Care assistants in the current study were aware of resident need for companionship but rigid organisational routines did not permit this. Furthermore, care staff believed that they were being judged negatively by the organisation if they spent too much time engaged in person centred care. Further research is required as few studies have examined the extent to which the demands of the organisation affect person centred dementia care which focuses on the development of interpersonal relationships rather

than the completion of set tasks (Edvardsson, Sandman, & Rasmussen, 2005). Interestingly, participants reported that the caring role remains task orientated, even if there is adequate time to spend with service users. Care assistants often attributed this to organisations giving staff “extra jobs” to do when units were quiet. Similar findings from a recent study of caregiver relationships cited work based culture as a substantial barrier to effective person centred care practices (Smebye & Kirkevold, 2013). Thus care assistant autonomy and service user wellbeing is being neglected in favour of other tasks, which is inconsistent to existing person centred frameworks (Edvardsson, Winblad, & Sandman, 2008; Kitwood, 1997; Nolan, Davies, Brown, Keady, & Nolan, 2004). These findings also support the suggestion that organisational definitions of care clash with care assistant definitions of quality care in the dementia environment (Abrahamson, et al., 2009). Challenging the assumption that time constraints etc are the only barriers to person centred care, however some care assistants reported emotional dissonance in relation to service users with advanced dementia or a lack of interaction. Previous research does not consider the reasons why care staff may avoid person centred interaction and this requires further investigation. Furthermore, education providing care assistants with greater insight into how their behaviours depersonalise the dementia service user is recommended (Dupuis, et al., 2011).

Participants reported that a weak understanding of dementia could contribute to poor provision of care and escalate challenging behaviour. This is consistent with research indicating that disruptive behaviour is more likely to occur in the presence of nursing staff who receive poor preparation for the dementia environment (Algase, et al., 1996). As the dementia condition is multi-faceted and progressive in nature, an individualised approach is essential in dementia education (Stokes, 2000). Person centred interventions have improved awareness of the dementia condition and led to improved dementia care (Chenoweth, et al., 2009; Jeon, et al., 2012) and innovative approaches have successfully challenged assumptions

about dementia (Herron & Priest, 2013; Jonas-Simpson, et al., 2012). There were however conflicting participant attitudes with regards to the usefulness of dementia training in care settings. Participants commented that although dementia training provided an insight into the condition, it did not provide enough information about working with severe dementia. This suggests that an applied training approach which reflects the actual experience of the care assistant is required to improve carer knowledge of “*real life*” dementia care environments. Furthermore, a lack of organisational support may prevent training being successfully applied in the workplace, leaving staff feeling demoralised and undervalued (Featherstone, et al., 2004; Lintern, Woods, & Phair, 2002). Some staff also reported receiving no training prior to commencing work in the dementia environment. In addition to formal training, creating care assistant support groups may provide cohesion and on-going supervision for staff (Belloni, Faccio, Costa, & Iuduci, 2014).

Care staff-service user communication influenced care assistant experiences of the dementia reality, and specifically perceptions of each service user’s unique experience. This is consistent with Nolan, Davies, and Grant (2001), Caring Relationship Framework service user ideals; i.e. service users are recognised by staff as a person, and have their psychological needs met in the care environment. What differs from Nolan’s concept of care is the way care assistants perceive their needs in the care dyad. However, Nolan focuses on a broader model of organisational needs, using several measures to evaluate the care giving, but does not include the manner in which meaningful relationships are an integral part of the care dyad. The present study highlights the importance of a relationship centred approach. The reciprocal emotions displayed in the care dyad provide support during challenging situations and mediate psychological wellbeing for both the care assistant and service user. This extends beyond the normal person centred ideals of care, where needs are met through promoting choice and independence. This is consistent with research reporting that care staff advocate

the need to share experiences with service users and to develop relational bonds in the care environment (Dewar & Nolan, 2013). Participants often separated the dementia condition from the individual; valuing the person over the illness. The focus on existing capabilities, rather than the dementia condition may improve relationship centred care (Smebye & Kirkwood, 2013). It is important to note however, that distinctions between person centred and relationship centred care remain ambiguous, with existing theoretical framework failing to achieve practical application in the dementia care environment (Boote, Lewin, Beverley, & Bates, 2006; Cabrera, et al., in press; Cheung, Chein, & Lai, 2011).

With regards to organisational issues, care assistants identified fewer positive than negative aspects of the organisational environment. Staffing was a particularly common theme and participants indicated that current staffing policy was inadequate and left staff feeling demoralised. Specifically, care assistants reported that they did not have enough time to spend with service users, and felt that residents with severe dementia were being put at risk if there was nobody available to monitor their behaviour. Frustrations were heightened when care assistants experienced challenging behaviours, especially if the challenging situation could have been prevented by the presence of additional staff. These findings support recent findings relating to staffing in the care environment (Bastiani, Librelotto, Freitas, Pereira, Brasil, 2013; Verbeek, Zwakhalen, van Rossum, Kempen, & Hamers 2012). Although participants in this study highlighted the need for increased staff numbers, other participants reported that training and cohesion of staff members were more important for effective dementia care. This supports previous research concluding that increased education of care staff increases quality of care (Chenoweth, et al., 2009; Jeon et al., 2012; Spector, et al., 2013).

### *Limitations and Future Research*

Research involving interpretative phenomenological analysis purposefully involves small samples in order to allow robust analysis of individual cases (e.g. Connell, McMahon, & Adams, 2014; Bricker-Katz, Lincoln, & Cumming, 2013; Maguire, Stoddart, Flowers, McPhelim, & Kearney, 2014). However, whilst the current sample size was larger than recommended (Braun & Clarke, 2012; Smith, et al. 2009), and consistent with previous dementia oriented research (e.g. Ericson-Lidman, Larsson, & Norberg, 2014), a lack of insight, due to the limited range of perspectives obtained, has been identified as a limitation of this approach (Clisett, Porock, Harwood, & Gladman, 2013; Schmidt et al., 2014). Furthermore the sample was predominantly female. Whilst this is consistent with the greater number of female compared to male care assistants (The King's Fund, 2014), the care experience and type of care provided may differ for men and women (Etters, Goodall, & Harrison, 2008; Harris, 1993). There is a paucity of research addressing the role of male care assistants and existing studies focus on the lived experience of men as informal carers (McConaghy & Calterbiano, 2005; Ribeiro, Paul, & Nogueira, 2007). Therefore, further research should consider this under researched population. The present study revealed a care assistant-service user relationship characterised by close emotional ties. Recent studies have sought to understand the role of relationship-centred care as a predictor of well-being (Cabrera, et al., in press; Cheung, et al., 2011; Smebye & Kirkevold, 2013). Therefore, it is reasonable to suggest that further studies examine the role of relationship centred care in relation to the care dyad, with particular focus on how role conflict affects the quality of interactions between care staff, their service users, and service user's relatives.

In the current study, participants highlighted the role of the organisation in the development of burnout and depersonalisation. A lack of understanding (of the care role), task orientated work demands, and lack of suitable training were believed to be particularly

important reasons why care staff experienced difficulties providing quality care to service users with dementia. Future research should consider development of appropriate interventions to train care assistants in effectively managing the dementia condition, with emphasis on applied training on dementia care units. Findings from this study highlighted deficiencies in interactions between care assistants and service users. To the best of the researchers' knowledge, there are no current studies which explore the reasons why care assistants avoid person centred interaction in favour of task orientated procedure in dementia care environments, and this warrants further investigation. This study also found evidence to suggest role conflict arose from the care assistant failing to juggle the responsibilities of work and home life. To the best of the researchers' knowledge, there are no studies which investigate familial role conflict as a precursor to burnout in the long term residential and dementia nursing care environment, therefore this could be another area of research to be explored.

To conclude, the study identified some positive aspects of the care dyad, it was clear that staff had concerns about how organisations could support their workers in order to achieve both care assistant and service user well-being. The findings provide an understanding of the dementia care process by confirming that care staff do experience the dementia condition, not just as an illness, but through the ways in which their service users experience the condition. The emotional, social, and organisational aspects of dementia care also play an important role in how the care assistant invests in the care dyad. Those with dementia are not just viewed as service users with an illness but as people with a unique perspective of the social environment around them. Future research investigating the care assistant-service user relationship within nursing and long-term care environments is recommended.

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**Table 1: Participant Characteristics**

Participant	Age	Sex	Shift Pattern	Job Title	Length of Current Employment	Prior Experience of Dementia
P1 Justine	21	Female	Night	Care Assistant	1.5 yrs	None
P2 Emily	25	Female	Day and Night	Senior Care Assistant	2 yrs	None
P3 Claire	35	Female	Day	Care Assistant	2 yrs	Family
P4 Anne	36	Female	Night	Senior Care Assistant	5 yrs	Family
P5 Kelly	34	Female	Day	Care Assistant	2.5 yrs	None
P6 Helen	26	Female	Day	Care Assistant	4 yrs	Family
P7 Bill	26	Male	Day	Care Assistant	2.5 yrs	None
P8 Diane	42	Female	Day	Care Assistant	2 yrs	None